

SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
SOUTH CAROLINA STATE APPROVING AGENCY

1333 Main Street, Suite 200, Columbia, SC 29201
Voice: (803) 737-2260 Fax: (803) 737-2297

APPLICATION 3676

Date: _____

Name of Institution: _____ FAC: _____

Address of Institution: _____
Street City State Zip

Name of Contact: _____ Title: _____

Voice: _____ Fax: _____ E-Mail: _____

Type of Institution: ☐ Profit ☐ Non-profit ☐ Tax Supported

<u>Name of Program / Course (if Course Approval , Include Delivery Method)</u>	<u>Current Catalog Page Number</u> (or attach display)	<u>Effective Date</u> (mm/dd/yyyy)
	<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Withdrawn	
	<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Withdrawn	
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	<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Withdrawn	
	<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Withdrawn	

I certify that this institution does not utilize advertising, sales, or enrollment practices which are erroneous, deceptive, or misleading either by actual statement, omission, or intimation based on examination of such materials as direct mail pieces, brochures, printed literature (used by sales persons), films, video tapes, and audio tapes disseminated through broadcast media, materials disseminated through print media, tear sheets, leaflets, fliers, and any sales recruitment manuals used to instruct sales personnel, agents, or representatives of this institution.

☐ 3676 Application Worksheet is attached and accurate. *Initials:* _____

Signature of Authorized Official

Printed Name

Title

3676 Application Worksheet

Program Name (Use Exact Title)	Type DEG DIPL CERT	Entrance Reqs. Exhibit or Cat Pg #	Semester <u>Display</u> Exhibit #	Number Of Semesters	Hours Of			Scheduled Attendance Each Week								Student/Teacher Ratio		Maximum Enrollment
					Class	Shop /Lab	Total Clock	M	T	W	T	F	S	Total	Shop	Theory		